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FACSIMILE COVER SHEET

DATE: September 16, 2003

TO: NAME: OFFICE OF INITIAL PATENT EXAMINATION

COMPANY: UNITED STATES PATENT & TRADEMARK OFFICE

FAX NUMBER: 703.746.9195 PHONE NUMBER:

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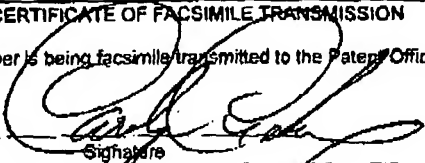
SUPPLEMENTAL MESSAGE:

RE: U.S. PATENT APPLICATION SERIAL NO. 10/619,836

RESUBMISSION OF APPLICATION DATA SHEET

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I hereby certify that this paper is being facsimile transmitted to the Patent Office at 703-746-9195 on the date below:	
09/16/03	
Date	Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
DALE KAKOSCHKE
RUBEN PAVON
MIREK UREDNICEK

Serial No.: 10/619,836

Filed: JULY 15, 2003

For: COMPRESSION PIPE REPAIRING AND
REINFORCING METHODS

Group Art Unit: Unassigned

Examiner: Unassigned

Atty. Dkt. No.: 10286.0347.NPUS01

Client Ref: P402-1239-US


RESUBMISSION OF APPLICATION DATA SHEET

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the information in the Application Data Sheet as attached. No fees are believed to be due in connection with the filing of this Resubmission of Application Data Sheet. Should any additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from Deposit Account No. 01-2508/09101.7501.000000.

Respectfully submitted,


Gregg A. Duffey
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Date: September 16, 2003

Application Data Sheet

Application Information

Application Type:: non-provisional
Subject Matter:: utility
Title :: COMPRESSION PIPE REPAIRING AND
REINFORCING METHODS
Attorney Docket Number:: 10286.0347.NPUS01
BJSC:347—
Request for Early Publication?:: no
Request for Non-Publication?:: no
Total Drawing Sheets:: 8
Small Entity?:: no
Secrecy Order in Parent Appl.?:: no

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Representative Information

Representative Customer Number:: 23369

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This one	Non-Provisional of	60/395,966	July 15, 2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignment Information

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